

2-8-02

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Please type plus sign inside this box + PTO/SB/05(03/01) Approved for use through 10/31/2002 OMB 0651-0032 +

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 1.53(b))

Attorney Docket No.	04645.0943
First Inventor	Rusin et al.
Title	One Piece Header Assembly Over Molded...
Express Mail Label No.	EF380104345US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

- | | |
|---|---|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status.
See CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages / 26/]
(preferred arrangement set forth below)</p> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets / 13/]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages / 3/]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. <input type="checkbox"/> Specification Sequence Listing on:</p> <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p> |
|---|---|

ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure ☒ Copies of IDS
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent
17. ☒ Other: Checks for \$986.00 and \$40.00

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of the prior application No. /

Prior application information: Examiner Group/Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or ☒ Correspondence address below

NAME		Michael F. Scalise			
		Hodgson Russ LLP			
ADDRESS		One M&T Plaza, Suite 2000			
CITY	Buffalo	STATE	New York	ZIP CODE	14203-2391
COUNTRY	United States of America	TELEPHONE	(716) 856-4000	FAX	(716) 849-0349
Name (Print/Type)	Michael F. Scalise	Registration No. (Attorney/Agent)	34,920		
Signature	<i>Michael F. Scalise</i>	Date	February 6, 2002		

"Express Mail" Mailing Label Number EF380104345US

Date of Deposit February 6, 2002

I hereby Certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

Barbara Haggerty

Name

Signature

BFLODOCS 655666

FEE TRANSMITTAL
for FY 2002

Patent Fees are subject to annual revision

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$1,026.00)

Application Number

Filing Date

02/06/2002

First Named Inventor

Rusin et al

Examiner Name

Group/Art Unit

Attorney Docket Number

04645 0943

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☐ Deposit Account:

Deposit Account Number: 08-2442

Deposit Account Name: Hodgson Russ LLP

The Commissioner is hereby authorized to (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments☐ Charge any additional fees during pendency of this application.☐ Charge fees indicated below except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	\$740
106	330	206	165	Design filing fee	\$
107	210	207	255	Plant filing fee	\$
108	740	208	370	Reissue filing fee	\$
114	160	214	80	Provisional filing fee	\$
SUBTOTAL (1)					\$740

2. EXTRA CLAIM FEES FOR UTILITY/ REISSUE

Extra Fee from

Claims below

Total Claims /29 / - 20** - 9 / \ / 18/ =

Independent Claims /4 / - 3** - / 1 / \ / 84 / =

Multiple dependent / \ / / -

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim if not paid	
109	84	209	42	**Reissue independent claims over original patent	
110	18	210	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					\$246

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Extra Fee from

Claims below

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Independent Claims /4 / - 3** - / 1 / \ / 84 / =

Multiple dependent / \ / / -

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity

Small Entity

Fee Code

Fee (\$)

Fee Code

Fee (\$)

Fee Description

Fee Paid

105

130

205

65

Surcharge - late filing fee or oath

\$

127

50

227

25

Surcharge - late provisional filing fee or cover sheet

\$

139

130

139

130

Non-English specification

\$

147

2,520

147

2,520

For filing a request for *ex parte* reexamination

\$

112

920*

112

920*

Requesting Publication of SIR prior to Examiner Action

\$

113

1,840*

113

1,840*

Requesting Publication of SIR after Examiner Action

\$

115

110

215

55

Extension for reply within first month

\$

116

400

216

200

Extension for reply within second month

\$

117

920

217

460

Extension for reply within third month

\$

118

1,440

218

720

Extension for reply within fourth month

\$

128

1,960

228

980

Extension for reply within fifth month

\$

119

320

219

160

Notice of Appeal

\$

120

320

220

160

Filing a brief in support of an appeal

\$

121

280

221

140

Request for oral hearing

\$

138

1,510

138

1,510

Petition to institute a public use proceeding

\$

140

110

240

55

Petition to revive - unavoidable

\$

141

1,280

241

640

Petition to revive - unintentional

\$

142

1,280

242